

ROBERT B. ADERHOLT
4TH DISTRICT, ALABAMA

Congress of the United States
House of Representatives
Washington, D C 20515-0104

I, _____ Date of Birth: _____
Address: _____ Social Security #: _____
_____ VA Claim #: _____
_____ Other Claim #: _____
Day Phone: (____) _____ Evening Phone: (____) _____

If Social Security, was this your Initial Claim _____ Which Office: _____
Office of Hearings & Appeal _____
Appeals Council _____

Do hereby give the Fourth Congressional District Office my consent to obtain any and all records or information necessary to assist me with my problem concerning: (Describe problem)

I furthermore authorize _____ to give the Fourth Congressional District Office any information pertaining to my claim and/or records.

Signature: _____ **Date:** ____ - ____ - ____

Please return this form and any **copies** of relevant materials to Congressman Aderholt's district office serving your area.

| <i>Cullman District Office</i> | <i>Gadsden District Office</i> | <i>Jasper District Office</i> |
|---|---|---|
| 205 Fourth Avenue Northeast Suite 104 Cullman, Alabama 35055 | 107 Federal Building Gadsden, Alabama 35901 | 247 Carl Elliott Building Jasper, Alabama 35501 |
| 256-734-6043 | 256-546-0201 | 205-221-2310 |
| <i>Serving Blount, Cullman, Marshall (City of Arab) and Morgan Counties</i> | <i>Serving DeKalb, Etowah, Marshall (excluding Arab) and St. Clair Counties</i> | <i>Serving Fayette, Franklin, Lamar, Marion, Pickens, Walker and Winston Counties</i> |

PLEASE FEEL FREE TO WRITE ON BACK IF NECESSARY